

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

ACT NOW PAC INC

ADDRESS (number and street)

PO BOX 204

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10014

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422485

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andrew Weinstein

Signature of Treasurer

Electronically Filed by Andrew Weinstein

Date

07

10

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
ACT NOW PAC INC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		10680.22
(b) Cash on Hand at Beginning of Reporting Period .....	10680.22	
(c) Total Receipts (from Line 19) .....	2478.17	2478.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13158.39	13158.39
7. Total Disbursements (from Line 31) .....	4714.44	4714.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8443.95	8443.95
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
ACT NOW PAC INC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	2124.00	2124.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	2324.00	2324.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	2324.00	2324.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	154.17	154.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2478.17	2478.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2478.17	2478.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4179.05	4179.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	4179.05	4179.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➡	0.00	0.00
29. Other Disbursements.....	535.39	535.39
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4714.44	4714.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4714.44	4714.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2324.00	2324.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2324.00	2324.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4179.05	4179.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4179.05	4179.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

**A.**

Full Name (Last, First, Middle Initial)

Bob Lamm

Mailing Address 172 W. 79th Street  
Apt 6E

City State Zip Code  
New York NY 10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUNY Grad Center

Occupation  
Writer/Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.5089

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

200.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

## **A.** Celtic Promotions

Mailing Address 319 Walnut

City Wyandotte State MI Zip Code 48192

Purpose of Disbursement

Buttons/Stickers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4981

Date of Disbursement

/   /

Amount of Each Disbursement this Period

391.10

Full Name (Last, First, Middle Initial)

## **B.** Celtic Promotions

Mailing Address 319 Walnut

City Wyandotte State MI Zip Code 48192

Purpose of Disbursement

Buttons/Stickers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

113.24

Full Name (Last, First, Middle Initial)

## **C.** Goddard Riverside Comm. Cntr.

Mailing Address 593 Columbus Ave.

City New York State NY Zip Code 10024

Purpose of Disbursement

Meeting Costs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4983

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

704.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACT NOW PAC INC

<b>A.</b> Full Name (Last, First, Middle Initial) Intellicontact		<b>Transaction ID:</b> SB21B.4971 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 2635 Meridian Pkwy Suite 100		<b>Amount of Each Disbursement this Period</b> <div>87.20</div>
City Durham State NC Zip Code 27713		
Purpose of Disbursement List Service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>B.</b> Full Name (Last, First, Middle Initial) Intellicontact		<b>Transaction ID:</b> SB21B.4977 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 7</div> </div>
Mailing Address 2635 Meridian Pkwy Suite 100		<b>Amount of Each Disbursement this Period</b> <div>87.20</div>
City Durham State NC Zip Code 27713		
Purpose of Disbursement List Service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		
<b>C.</b> Full Name (Last, First, Middle Initial) Intellicontact		<b>Transaction ID:</b> SB21B.5001 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 2635 Meridian Pkwy Suite 100		<b>Amount of Each Disbursement this Period</b> <div>87.20</div>
City Durham State NC Zip Code 27713		
Purpose of Disbursement List Service		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

**SUBTOTAL** of Disbursements This Page (optional) .....

**261.60**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ACT NOW PAC INC

<b>A.</b> Full Name (Last, First, Middle Initial) Intellicontact		<b>Transaction ID:</b> SB21B.5013 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 7</div> </div>
Mailing Address 2635 Meridian Pkwy Suite 100		<b>Amount of Each Disbursement this Period</b> <div>87.20</div>
City Durham State NC Zip Code 27713		
Purpose of Disbursement List Service	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Soyoung Kim		<b>Transaction ID:</b> SB21B.4967 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 7</div> </div>
Mailing Address 63 Wall Street		<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
City New York State NY Zip Code 10005		
Purpose of Disbursement Graphic Design	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC		<b>Transaction ID:</b> SB21B.4950 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 0 7</div> </div>
Mailing Address 50 E Street, SE Suite 300		<b>Amount of Each Disbursement this Period</b> <div>490.00</div>
City Washington State DC Zip Code 20003		
Purpose of Disbursement Legal Services	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<div>1577.20</div>
<b>TOTAL</b> This Period (last page this line number only) .....		<div>2543.14</div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ACT NOW PAC INC

<b>A.</b> Full Name (Last, First, Middle Initial) Rachel Burd		<b>Transaction ID:</b> SB29.4965 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 7</div> </div>
Mailing Address 218 Prospect Place		<b>Amount of Each Disbursement this Period</b> <div>12.00</div>
City Brooklyn State NY Zip Code 11238		
Purpose of Disbursement Travel - NF Election	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Cosi		<b>Transaction ID:</b> SB29.4960 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 7</div> </div>
Mailing Address 44 Great Neck Rd		<b>Amount of Each Disbursement this Period</b> <div>34.05</div>
City Great Neck State NY Zip Code 11021		
Purpose of Disbursement Food - NF Election	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Cosi		<b>Transaction ID:</b> SB29.4962 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 7</div> </div>
Mailing Address 44 Great Neck Rd		<b>Amount of Each Disbursement this Period</b> <div>18.19</div>
City Great Neck State NY Zip Code 11021		
Purpose of Disbursement Food - NF Election	<div>Category/ Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**64.24**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

**A.** Long Island Railroad

Mailing Address 146-01 Archer Ave

City State Zip Code  
 Jamaica NY 11435

Purpose of Disbursement  
 Travel - NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.00

Full Name (Last, First, Middle Initial)

**B.** Long Island Railroad

Mailing Address 146-01 Archer Ave

City State Zip Code  
 Jamaica NY 11435

Purpose of Disbursement  
 Travel - NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.5111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**C.** Paragon Sports

Mailing Address 867 Broadway

City State Zip Code  
 New York NY 10003

Purpose of Disbursement  
 Canvasser Supplies - NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.4952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.19

**SUBTOTAL** of Disbursements This Page (optional) .....

182.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

## **A. Paragon Sports**

Mailing Address 867 Broadway

City New York State NY Zip Code 10003

Purpose of Disbursement  
Canvasser Supplies - NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4954

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.19

Full Name (Last, First, Middle Initial)

## **B. John Raskin**

Mailing Address 144 W. 109th St. Apt. 3E

City New York State NY Zip Code 10025

Purpose of Disbursement  
Travel-NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4944

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. Heather Roberson**

Mailing Address 215 W. 101st St

City New York State NY Zip Code 10025

Purpose of Disbursement  
Lodging - NF Election

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.4969

Date of Disbursement

/   /

Amount of Each Disbursement this Period

122.80

**SUBTOTAL** of Disbursements This Page (optional) .....

236.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ACT NOW PAC INC

<b>A.</b> Full Name (Last, First, Middle Initial) Rebecca Schrag		<b>Transaction ID:</b> SB29.5108 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 7</div> </div>	
Mailing Address 219 2 81st Street		<b>Amount of Each Disbursement this Period</b> <div>24.60</div>	
City New York      State NY      Zip Code 10024	Purpose of Disbursement Travel NF Election		
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Village Copy and Computer		<b>Transaction ID:</b> SB29.4955 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 0 7</div> </div>	
Mailing Address 520 Hudson Street		<b>Amount of Each Disbursement this Period</b> <div>27.37</div>	
City New York      State NY      Zip Code 10014	Purpose of Disbursement Copies for Canvass - NF Election		
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:              District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

51.97

**TOTAL** This Period (last page this line number only) ..... ►

535.39